

Date

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Carbon Red Lodge Public Schools 0056 0057 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 4A 8 66 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1BAAGC5H6XF083441 524 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0056 0057 58.00 42.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Due Dates	s:	To C	ounty Supt	To OPI	ŀ	Rate Per Mile
All Routes	•	Octo	ber 1	October 15	;	\$1.36
County Name		County Number	District Nar	me		Legal Entity Number
Carbon		05	Red Lod	ge Public Schools		0056 0057
Route #	Length of Route	(miles per day)	Type of Se	rvice Bus Route Mi		Rated Capacity
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Vehicle I.D. #	License #		□ District Ow		District Own	ed
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Signature - Chair, Board of Trustees	3	•		•	Date	
Country	Franchartation Ca	mmittoo Approval as	roquirod in see	ordance with Section (00-10-122 MC	•^
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area assigned to it by the Count Signature - Chair, County Transport		committee.			Date	



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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee Signature - Chair, County Transportation Committee Date



This form is required in accorda receives state reimbursement e								
Due Dates All Routes			To Co Octob	ounty Supt er 1	To OPI October 15		Rate Per Mile \$1.15	
County Name		County No	umber	District Nan	ne		Legal Entity Number	
Carbon		05		Bridger K	(-12 Schools		0059	
Route #	Length of Ro	of Route (miles per day)		Type of Service ☐ Bus Route Mi☐ Non Bus Mile			Rated Capacity	
2	58			Bus Rout	te Mileage	ay e	53	
Vehicle I.D. #	License	; #			□ District Owned District Owned			
4DRBUAAM85B974482	459				If so, Name of Owner I rate per mile			
Reimbursement Distribution- En	iter the legal e	ntity number and			reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity	Legal I	Entity	must ma	tch budget! Legal Entity	,	Legal Entit	у	
0059								
% 100.00	%			%		%		
PASSENGER INFORMATION	70			/0		/0		
Number of Preschool/Kindergar this route	ten pupils ridir		MENTARY R (Grades PK-	_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBEF	?	c a+b	
Regular (include eligible Preschool/h	Kindergarten ride	ers)	NOMBER		NOWBE		415	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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bus operates on the route as ap	proved by and	within the trans	sportation serv	ice area assig	ned by the County Tran	sportation Cor	mmittee.	
Signature - Chair, Board of Trustees	·					Date		
This Application for Registration area assigned to it by the Count	of School Buty Transportati	s and State Rein on Committee.			ordance with Section 2 wed and I certify that this			
Signature - Chair, County Transporta	ation Committee					Date		



Date

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Carbon Joliet Public Schools 0060 0061 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 5 47 72 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1GBL7T1J5RJ108336 439 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0060 0061 67.00 33.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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area assigned to it by the County Transportation Committee



This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.								
Due Dates All Routes			To County Supt October 1		To OPI October 15		Rate Per Mile \$1.57	
County Name		County Numb	oer	District Nan	ne		Legal Entity Number	
Carbon		05		Joliet Pul	blic Schools		0060 0061	
Route #	Length of Ro	oute (miles per day)		Type of Service ☐ Bus Route Mi			Rated Capacity	
4	50.6			Bus Rout	□ Non Bus Mile te Mileage	age	71	
Vehicle I.D. #	License	e #		•	Bus Route Mileage 71 District Owned District Owned			
4UZAAXDCX4CM59129	602				If so, Name of Owner I rate per mile			
Reimbursement Distribution- En	iter the legal e	ntity number and pe			reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity	Legal I		must mai	tch budget! Legal Entity	,	Legal Entit	у	
0060		0061						
0/ 67.00	0/	22.00		%		%		
% 67.00 PASSENGER INFORMATION	%	33.00		%		70		
			ENTARY R	_	HIGH SCHOOL	_	TOTAL	
Number of Preschool/Kindergar this route	ten pupils ridir	ig (G	Grades PK-	8)	(Grades 9-	12)	ELIGIBLE RIDERS	
			a NUMBER		b NUMBEF)	c a+b	
Regular (include eligible Preschool/k	Kindergarten ride		NOWDER		NOWBE	`	415	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e.,	under 3 miles O	R						
nonresident and no attendance agre otherwise allow nonresident riders to		d						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders)							
TOTAL RIDERS								
TOTAL RIDERS								
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I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees		·				Date		
County T This Application for Registration area assigned to it by the Count	of School Bu	s and State Reimbu			ordance with Section 2 wed and I certify that this			
Signature - Chair, County Transporta						Date		



Date

1 copy State Supt.1 copy County Supt.1 copy School District

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1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Carbon Joliet Public Schools 0060 0061 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 2 70 65 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1BAAGCSH2LF034957 484 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0060 0061 67.00 33.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation

Date

area assigned to it by the County Transportation Committee



This form is required in accorda receives state reimbursement e						ach bus route that	
Due Dates All Routes			County Supt ober 1	To OPI October 15		\$1.57	
County Name		County Number	District Na	me		Legal Entity Number	
Carbon		05		ıblic Schools		0060 0061	
Route #	Length of Rou	ngth of Route (miles per day)		ervice Bus Route Mi Non Bus Mile		Rated Capacity	
3	71.6		Bus Rou	ite Mileage	aye	70	
Vehicle I.D. #	License #	1	□ District Ov		District Own	ed	
4UZAAXAL83CK30323	585			If so, Name of Owner d rate per mile			
Reimbursement Distribution- Er	iter the legal ent		ge of state/count	y reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity	Legal En	tity	Legal Entit	у	Legal Entit	у	
0060		0061					
% 67.00	% :	33.00	%		%		
PASSENGER INFORMATION	70	70.00	70				
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY (Grades P	_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS	
		a NUMBE	:R	b NUMBEF	?	c a + b	
Regular (include eligible Preschool/h	Kindergarten riders				•	Q 1 2	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ement that would be eligible)						
TOTAL RIDERS							
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I certify that this application for a bus operates on the route as ap	egistration of so proved by and v	hool bus and state reimbor within the transportation so	ursement is true <u>ervice</u> area assi	and complete to the bes gned by the County Tran	st of my knowle sportation Cor	edge and belief, and the mmittee.	
Signature - Chair, Board of Trustees					Date		
County 1 This Application for Registration area assigned to it by the County	of School Bus						
Signature - Chair, County Transportation Committee Date							



1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Carbon Joliet Public Schools 0060 0061 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 2A 79.3 65 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1BAAGCSH2LF034957 484 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0060 0061 67.00 33.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Date

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For additional information contact Maxine Mougeot at 444-3096 or email mmougeot@state.mt.us

area assigned to it by the County Transportation Committee



This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.								
Due Dates All Routes	To County Supt October 1		To OPI October 15		Rate Per Mile \$1.36			
County Name		County Number	District Nan	ne		Legal Entity Number		
Carbon		05	Roberts I	K-12 Schools		0069		
Route #	Length of Route			vice Bus Route Mi		Rated Capacity		
1	61.6		Bus Rout	□ Non Bus Mile te Mileage	age	60		
Vehicle I.D. #	License #		□ District Ow		District Own	ed		
4UZ6CJBA6YCG13942	331			If so, Name of Owner I rate per mile				
Reimbursement Distribution- Ent	ter the legal entity			reimbursement to be p	aid to each dis	strict. Note: Percentages		
Legal Entity 0069	Legal Entity		atch budget! Legal Entity	,	Legal Entit	у		
% 100.00	%		%		%			
PASSENGER INFORMATION	/0		/0		/0			
Number of Preschool/Kindergarte	en pupils riding	ELEMENTARY (Grades Ph	_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS		
		a NUMBER)	b NUMBEF)	c a + b		
Regular (include eligible Preschool/K	indergarten riders)	NOMBLI	\	NOMBER	\	a+b		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u nonresident and no attendance agree otherwise allow nonresident riders to (Include ineligible Preschool/Kinderga	ement that would be eligible)							
Nonpublic School Riders (ineligible)	arten nacio,							
TOTAL RIDERS								
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This Application for Registration	of School Bus and							
area assigned to it by the County Signature - Chair, County Transporta		committee.			Date			



1 copy State Supt.1 copy County Supt.1 copy School District

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation

Date

area assigned to it by the County Transportation Committee



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Due Dates All Routes			To County Supt October 1		To OPI October 15		Rate Per Mile \$1.36	
County Name			County Number		District Nam	ne		Legal Entity Number
Carbon			05		Fromberg	Public Schools		0071 0072
Route #	Length o	of Route (miles per day)			Type of Service ☐ Bus Route Mil			Rated Capacity
1	56				Bus Rout	□ Non Bus Mile e Mileage	age	60
Vehicle I.D. #	Lice	ense #			District Ow	ned [District Own	ed
1FDPB80C3SVA27843	32	26				If so, Name of Owner rate per mile		
Reimbursement Distribution- En	nter the leg	gal entity ı				reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity	Le	egal Entity		natci	h budget! Legal Entity		Legal Entit	ry .
0071		00	72					
% 50.00		% 50.0	20		%		%	
PASSENGER INFORMATION	-	/6 50.0	,	-	/0		/0	
Number of Preschool/Kindergar	ton nunils	ridina	ELEMENTARY (Grades F		_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
this route	Terr pupils	s riding	(Grades F	K-0)		(Grades 9-	12)	ELIGIBLE KIDEKS
			a NUMBE	-R		b NUMBEF	?	c a + b
Regular (include eligible Preschool/h	Kindergarter	en riders)						Q 1 0
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e.,								
nonresident and no attendance agre otherwise allow nonresident riders to	be eligible	e)						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders	S)						
TOTAL RIDERS								
Market and the second s				_	- L (T t		,	
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b	We further o	certify that	this bus transports pupils	eligil	ble for school t	ransportation as defined by	20-10-101, MC	Α.
required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from soli	ensed, quali iciting or ca	lified and ap ausing other	oproved driver to operate rs to solicit students from	such othe	n vehicle as rec r transportation	quired by 20-10-103, MCA. a areas.	,	
We understand that violations of this bus route.		·			•		J	•
We agree that if this route crosse the school boards of both districts sh							een Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for r								
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date								77 F.
·							10 10 10 -	
This Application for Registration area assigned to it by the Count	of School	ol Bus and	State Reimbursemen			ordance with Section 2 ved and I certify that this		
Signature - Chair, County Transporta							Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

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receives state reimbursement ev							
Due Dates	:	To Co	ounty Supt	To OPI	R	ate Per Mile	
All Routes		Octob		October 15	9	\$1.57	
County Name		County Number	District Nan	ne		Legal Entity Number	
Carbon		05	Fromberg			0071 0072	
Route #	Route # Length of Route				eage	Rated Capacity	
1A	56		Bus Rout	□ Non Bus Milea e Mileage		71	
Vehicle I.D. #	License #		□ District Ow	ned C	- · · ·		
4DRBUAAN95B987623	430		□ Contract - If so, Name of Owner□ Contracted rate per mile				
Reimbursement Distribution- Ent	ter the legal entity			reimbursement to be pa	aid to each dist	rict. Note: Percentages	
Legal Entity	Legal Entity	У	tch budget! Legal Entity		Legal Entity	′	
0071	00	072					
% 50.00	% 50.	.00	%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergart this route	en pupils riding	ELEMENTARY R (Grades PK-	_	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS	
		а		р		C	
Regular (include eligible Preschool/K	indergarten riders)	NUMBER		NUMBER	(a + b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., unonresident and no attendance agree							
otherwise allow nonresident riders to (Include ineligible Preschool/Kinderga	be eligible)						
Nonpublic School Riders (ineligible)	arton nacio,						
TOTAL RIDERS							
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County T This Application for Registration		ommittee Approval as re					
area assigned to it by the County	y Transportation C		2 2 3 3 3 1 1 0 1 1 0 1	•	Date		



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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Carbon Fromberg Public Schools 0071 0072 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 2A 57.4 71 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 4DRBUAAN65B987059 455 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0072 50.00 50.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Date

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.15 County Name County Number District Name Legal Entity Number Carbon Belfry K-12 Schools Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 61.6 59 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1FDPB80C8SVA40748 372 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 100.00 % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee



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